



APPLICATION FOR MEMBERSHIP IN THE 1977 POLICE OFFICERS' AND FIREFIGHTERS' PENSION AND DISABILITY FUND

State Form 4928 (R5 / 1-08)

Approved by State Board of Accounts, 2008

INDIANA POLICE OFFICERS' AND FIREFIGHTERS'
PENSION AND DISABILITY FUND
77 Police and Firefighters Fund
143 West Market Street
Indianapolis, Indiana 46204-2899
Toll Free: 1-888-526-1687

PLEASE PRINT.

Check here if you have 77 Fund service ☐

Name of applicant

Department applying to

NEW INFORMATION - PLEASE READ

1. All signatures must be originals.
2. **DO NOT** leave any answer blank
3. **DO NOT** use "N/A" to complete any answer.
4. Drug test results **MUST** be originals.

IMPORTANT NOTICE

Indiana law forbids the initial hiring of a person as a public safety officer if the person is over thirty-five (35) years of age at the time of hire.

IC 36-8-7(a) provides as follows:

Section 7. (a) Except as provided in subsections (d), (e), (f), (g), and (h):

- (1) a police officer; or
- (2) a firefighter

who is less than thirty-six (36) years of age and who passes the baseline statewide physical and mental examinations required under section 19 of this chapter shall be a member of the 1977 fund and is not a member of the 1925 fund, the 1937 fund, or the 1953 fund.

In addition, IC 36-8-3-21(b) provides that, "(a)n individual may not be employed by a unit after May 31, 1985, as a member of the unit's fire department or as a member of the unit's police department unless the individual meets the conditions for membership in the 1977 fund."

GIVING AN INDIVIDUAL A CONDITIONAL OFFER OF EMPLOYMENT PRIOR TO AGE THIRTY-SIX (36) DOES NOT CONSTITUTE COMPLIANCE WITH THESE STATUTES. THIS APPLICATION MUST BE RECEIVED AND FULLY APPROVED BY PERF BEFORE THE APPLICANT MAY BE ACTUALLY HIRED BY THE DEPARTMENT. THE ENTIRE APPROVAL PROCESS MUST BE CONCLUDED BEFORE THE APPLICANT REACHES THE AGE OF THIRTY-SIX (36). IF THE APPLICANT REACHES THE AGE OF THIRTY-SIX (36) BEFORE THE ENTIRE HIRING PROCESS IS CONCLUDED, INCLUDING ALL APPROVAL BY PERF, THE APPLICANT IS INELIGIBLE FOR MEMBERSHIP IN THE 1977 FUND AND IS INELIGIBLE TO BE HIRED AS A MEMBER OF THE DEPARTMENT.

THIS MEMBERSHIP APPLICATION WILL BE RETURNED TO THE LOCAL PENSION BOARD IF THE CANDIDATE'S "COMPREHENSIVE MEDICAL HISTORY" SECTION, THE PHYSICAL EXAMINATION (INCLUDING TESTING TO BE ADMINISTERED), AND TEST RESULTS SUBMITTED ARE NOT COMPLETE.

APPLICATION CHECKLIST

These items must be completed before any individual can become a member of the 1977 fund:

1. Aptitude test has been administered and passed (local option for police officers).
2. Agility test has been administered and passed.
3. Conditional offer is extended and statement of understanding and authorization for release of medical information has been signed.
4. Pension secretary has certified that the candidate passed the physical agility exam.
5. The comprehensive medical history has been completed and the baseline statewide examination has been administered.
6. The baseline statewide examination (physical and mental) forms have been signed by a licensed physician indicating that the baseline statewide medical and any additional local standards have been met (mental exam must be interpreted by a licensed physician or PhD-trained psychologist.)
7. The appropriate specialist reports, if any, are identified and included in the application package.
8. A local pension board member, the pension secretary, and the appointing authority have signed the certification forms indicating the baseline and any local standards have been met.
9. The examination form, all medical testing results, and certification of successful completion of the physical agility, mental, and medical examinations must be forwarded to PERF. PERF must approve or deny the application with respect to the baseline physical standards. PERF also determines if the applicant has any Class 3 excludable conditions.
10. PERF either approves or denies the application and issues the appropriate notifying letter. If the application is approved, the approval letter will also specify whether the applicant has any Class 3 excludable conditions.
11. If the applicant is approved by PERF, an unconditional offer of employment is made and the effect of any Class 3 exclusions is explained.
12. If the applicant is approved, the approval letter sent out by PERF must have the hire date completed and must be returned to PERF along with the member record (blue for police / pink for fire).
13. If the applicant is denied, the Indiana Administration Adjudication Act appeal process may be used to challenge the denial. The appeal process may also be used with respect to the determination that a Class 3 excludable condition exists.

**CONDITIONAL OFFER OF EMPLOYMENT
STATEMENT OF UNDERSTANDING**

Part of State Form 4928 (R5 / 12-07)

_____, is applying for the position of _____
Name - last, first, middle

_____ with the _____
Police officer or firefighter *City / town*

Address of candidate - number and street, city, state and ZIP code

I, _____, a candidate for a _____
Name of candidate *Name of position*

position on the _____ department, have received a conditional offer of employment for that position.
Police or firefighter

I understand that the offer is conditional on my successfully passing the statewide baseline medical examination and the statewide mental examination, as well as any local medical and mental examination requirements. If I do not pass these examinations and requirements, the offer of employment will be withdrawn.

I further understand that, as a result of tests and examinations, certain diseases or conditions may be identified. These diseases or conditions, if identified, will prevent me from receiving certain Class 3 impairment benefits for a period of four (4) years and will disqualify me from receiving disability benefits from the 1977 Police Officers' and Firefighters' Pension and Disability Fund throughout my employment if the disability is related in any way to the identified disease(s) or condition(s). I have reviewed PERF Board rules 35 IAC 2-9 and 35 IAC 2-10 and the lists of diseases and conditions set forth herein. I affirm that I understand the effect the 35 IAC 2-9 and 35 IAC 2-10 may have on my eligibility for benefits in the 1977 Fund and also on my ability to qualify for Class 3 impairment benefits.

Signature of candidate	Date (month, day, year)
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AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Part of State Form 4928 (R5 / 12-07)

This information is for official and medically
confidential use only and will not be released
to unauthorized persons.

_____, is applying for the position of
Name - last, first, middle

_____ with the _____
Police officer or firefighter *City / town department*

Address of candidate - number and street, city, state and ZIP code

I, _____, a candidate for a position within the department, agree to assist and cooperate with the department, the administrators of the 1977 Police Officers' and Firefighters' Pension and Disability Fund (1977 Fund), and any representative thereof in obtaining the following personal information:

All written or printed information concerning any diagnosis, treatment, or prognosis regarding my physical or mental health; including, but not limited to, all mental and physical health records and alcohol and drug abuse records.

I hereby authorize and request all persons to whom this request (original or copy) is presented, having information relating to or concerning me, to furnish the above described information to any duly appointed administrator or representative of the 1977 Fund and any officer or individual of the department. I further authorize the department, or the administrators of the 1977 Fund to release this information, as well as the results of any physical examinations performed in connection with this form, to the appropriate local pension board.

I am aware that this information may be of a personal nature and may otherwise be protected by my constitutional, statutory, or common law privileges. I understand that information released and complied pursuant to this authorization shall be treated in a confidential manner. Therefore, I expressly waive all privileges which may attach to such disclosure and shall hold no individual, organization(s), or corporation(s) liable for legal actions for disclosing any of the information herein to the department, a 1977 Fund representative, or a local pension board.

I am also aware that this authorization is subject to revocation at any time, except to the extent a person or institution has already legally acted in reliance on this authorization. If not previously revoked, this authorization will expire on the earlier of: the date I am extended an unconditional offer of employment to become a member of the department; or the date I am officially advised that I am ineligible for membership in the 1977 Fund.

I understand that this information is required to complete my application to become employed as a member of the department and that misrepresentation, falsification of information, or failure to assist and cooperate with the department or the administrators of the 1977 Fund in obtaining the requested information will be considered cause for disqualification from consideration.

Further, I authorize investigation of all statements contained in this form. I understand that omission of facts called for in this application form is also cause for disqualification from further consideration.

I have read the above, understand it, and certify that I will fully and truthfully answer all questions to the best of my knowledge.

Dated this _____, day of _____, 20_____.

Signature of candidate	Social Security Number of candidate
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Subscribed and sworn to me this _____, day of _____, 20_____.

Signature of notary public (<i>must be an original signature - no rubber stamps</i>)	
Printed name of notary public	
Date commission expires (<i>month, day, year</i>)	County of residence

NOTARY
SEAL

GUIDELINES FOR PHYSICIANS

Part of State Form 4928 (R5 / 12-07)

This information is designed to help physicians complete the following forms. The medical conditions outlined in these forms may impact on an individual's ability to perform the essential functions of the job for a first class police officer or firefighter. The application of these guidelines requires a careful consideration of the job duties of a police officer or firefighter and the medical conditions that might affect a person's capability to conduct those duties.

Firefighting and emergency response are very difficult jobs. People in these jobs must perform functions that are physically and psychologically demanding. These functions must often be performed under very difficult conditions. Studies have shown that firefighting and police functions at time require working at near maximal heart rates for prolonged periods of time. Heavy protective equipment (including respirators) and the heat from fire also contribute to the physical load that firefighters must endure.

The available health data on firefighters and police officers is limited. Given the delay between exposure and onset of many occupational illnesses (i.e., latency), current or past health studies of firefighters and police officers may not reflect future health risks. However, it appears that firefighters and police officers have increased risk for injuries, pulmonary disease, cardiovascular disease, cancer, and noise-induced hearing loss. The increased risk for injuries is expected given the demands and circumstances for this work.

BASIC ESSENTIAL JOB FUNCTIONS

I. BASIC ESSENTIAL FUNCTIONS FOR POLICE OFFICERS

- Patrol assigned area on foot or drive a vehicle searching for suspicious activity or situations, or checking for persons in need of service.
- Monitor radio and other communication devices to receive assigned runs and to maintain awareness of activities in assigned areas or by other officers.
- Assist citizens with problems such as lost children, injured persons, animal bites, civil disputes, locked doors, vehicle inspections and verifications, or abandoned vehicles.
- Refer persons to appropriate social service agencies when situation warrants.
- Respond to assigned run by driving, walking, or running to specified location, assess situation, determine need for other assistance, and take appropriate action.
- Move people away from danger, including carrying unconscious people, and providing emergency aid to injured people.
- Investigate accidents, extract victims, provide emergency aid, gather evidence, record observations and statements of witnesses and victims, request assistance from other officers or agencies as needed, direct the removal of the vehicles involved, and ensure the area is clear.
- Search crime scenes, take prescribed actions to preserve and protect evidence, and record findings and observations.
- Interview victims, suspects, and witnesses, and record responses and observations.
- Pursue, apprehend, search, and arrest suspects using only necessary force, advise suspects of rights, and transport suspect to detention area.
- Using appropriate equipment and weapons, restrain people from physically striking or injuring others.
- Drive a vehicle at high speed when situation warrants due to nature of emergency.
- Stop drivers of vehicles when traffic violations are observed, verify license and registration data, advise driver of safe driving practices, and issue citations or make arrests as warranted.
- Direct vehicular and pedestrian traffic when congestion occurs or as directed.
- Report as directed to scenes of general emergencies and take appropriate action to protect life and property, such as directing traffic, quarantining an area, assisting individuals in leaving an area, preventing looting, and requesting appropriate assistance.
- Maintain visibility in the community by meeting and talking with citizens, provide information, visit local businesses, and make presentations to school, neighborhood, and civic organizations.
- Write reports and complete forms as required by operating procedure, and make oral reports to appropriate personnel.
- Testify in court, prepare for such testimony by reviewing reports and notes, meet with attorneys, and obtain appropriate evidence.
- Participate in training on law enforcement procedures, including firearms, criminal justice, and court procedure, emergency medical aid, and related subjects.
- Maintain uniforms, equipment, and weapons.
- Maintain personal physical fitness.
- Perform related duties as assigned.

II. BASIC ESSENTIAL FUNCTIONS FOR FIREFIGHTERS

- Respond to alarms by reporting to assigned vehicle, riding in or on assigned vehicle to the scene of the emergency or fire.
- Lift, carry, drag, lay, and connect hose lines from hydrants and equipment to scene. Carry resuscitators, tools, and other equipment from vehicle to scene.
- Raise and climb ladders, crawl and walk on roofs and floors, open holes and windows with axes, bars, or hooks for access or ventilation.
- Combat fires by holding nozzles and directing streams of fog, chemicals, or water and move into fire area, including into confined spaces and up stairs.
- Communicate by voice or radio with other firefighters and other emergency personnel to relay observations, equipment needs, and other relevant information.
- Move people away from danger, including carrying unconscious people or holding a life net.
- Provide emergency medical treatment to injured people.
- Remove objects from buildings, place protective covers over objects, and monitor assigned areas for signs of recurrence.
- Conduct fire drills, critique drill participants on emergency procedure, and instruct groups on such procedures.
- Participate in training on firefighting, emergency aid, emergency procedures, and related subjects.
- Maintain departmental equipment and structures, which includes cleaning and washing walls and floors, hanging and drying fire hose, cleaning equipment, and performing preventative maintenance on motorized equipment.
- Maintain personal physical fitness.
- Perform related duties as assigned.

GUIDELINES FOR PHYSICIANS *(continued)*

Part of State Form 4928 (R5 / 12-07)

ENVIRONMENTAL FACTORS THAT AFFECT JOB FUNCTIONS

I. ENVIRONMENTAL FACTORS FOR POLICE OFFICERS

The essential job functions for a police officer are performed in and affected by the following environmental factors. An officer must:

- (1) Operate both as a member of a team and independently at incidents of uncertain duration.
- (2) Face exposure to infectious agents such as hepatitis B or HIV.
- (3) Perform complex tasks during life-threatening emergencies.
- (4) Work for long periods of time, requiring sustained physical activity and intense concentration.
- (5) Face life or death decisions during emergency conditions.
- (6) Tolerate exposure to grotesque sights and smells associated with major trauma.
- (7) Make rapid transitions from rest to near maximal exertion without warm-up periods.
- (8) Use firearms, self-defense equipment and body armor.
- (9) Be able to physically protect him/herself.
- (10) Be able to communicate with people effectively.

II. ENVIRONMENTAL FACTORS FOR FIREFIGHTERS

The essential job functions for a firefighter are performed in and affected by the following environmental factors. A firefighter must:

- (1) Operate both as a member of a team and independently at incidents of uncertain duration.
- (2) Spend extensive time outside exposed to the elements.
- (3) Experience frequent transition from hot to cold and from humid to dry atmospheres.
- (4) Tolerate extreme fluctuations in temperature and perform physically demanding work in hot (up to 400° F), humid (up to 100%) atmospheres while wearing equipment that significantly impairs body cooling mechanisms.
- (5) Work in wet, icy, or muddy areas.
- (6) Perform a variety of tasks on slippery, hazardous surfaces such as on roof tops or from ladders.
- (7) Work in areas where sustaining traumatic or thermal injury is possible.
- (8) Face exposure to carcinogenic dusts such as asbestos, and toxic substances such as hydrogen cyanide, acids, carbon monoxide, or organic solvents either through inhalation or skin contact.
- (9) Face exposure to infectious agents such as hepatitis B or HIV.
- (10) Perform complex tasks during life-threatening emergencies.
- (11) Work for long periods of time, requiring sustained physical activity and intense concentration.
- (12) Face life or death decisions during emergency conditions.
- (13) Tolerate exposure to grotesque sights and smells associated with major trauma and burn victims.
- (14) Make rapid transitions from rest to near maximal exertion without warm-up periods.
- (15) Operate in environments of high noise, poor visibility, limited mobility, at heights, and in enclosed or confined spaces.
- (16) Use manual or power tools in the performance of duties.
- (17) Rely on sense of sight, hearing, smell, and touch to help determine the nature of the emergency, maintain personal safety, and make critical decisions in confused, chaotic, and potentially life-threatening environments.
- (18) Wear personal protective equipment that weighs approximately fifty (50) pounds while performing the essential functions of the job.
- (19) Perform physically demanding work while wearing protective pressure breathing equipment with 1.5 inches water column resistance to exhalation at a flow of forty (40) liters per minute.
- (20) Be able to communicate with people effectively.

Please do not leave any questions blank unless the form instructs you to skip questions.

COMPREHENSIVE MEDICAL HISTORY

Part of State Form 4928 (R5 / 12-07)

This section is to be completed by the candidate.

DO NOT ANSWER ANY QUESTION WITH "N/A".

Name of candidate				Home telephone number ()	
Date of birth (month, day, year)	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	What is your present health? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Are you having pain or discomfort at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation		Name of employer		Business telephone number ()	

A. (1) FAMILY HISTORY OF APPLICANT							
RELATION	AGE	STATE OF HEALTH		IF DEAD, CAUSE OF DEATH		AGE AT DEATH	
Father							
Mother							
Brothers and Sisters							
Spouse							
Children							
Has any blood relation (grandparent, parent, brother, sister) had:							
(check each item)	Yes	No	Relationship	(check each item)	Yes	No	Relationship
Tuberculosis				Stomach or intestine trouble			
Hypertension (high blood pressure)				Rheumatism (arthritis)			
Diabetes				Asthma			
Kidney trouble				Epilepsy			
Heart trouble				Cancer			
Stroke				Mental illness			
Muscular disease							
Please explain any yes answers							

A. (2) PERSONAL HISTORY OF APPLICANT (past medical history)			
Did you have any unusual, complicated, or prolonged <u>childhood</u> illnesses? If so, please explain.			

HOSPITALIZATIONS (for non-surgical reasons)			
Year	Nature of Problem	Name of Physician and City	Describe Any Long-lasting or Residual Effects

COMPREHENSIVE MEDICAL HISTORY (continued)

Part of State Form 4928 (R5 / 12-07)

This section is to be completed by the candidate.

DO NOT ANSWER ANY QUESTION WITH "N/A".**A. (2) PERSONAL HISTORY OF APPLICANT (past medical history) (continued)****OPERATIONS / SURGERIES**

Year	Type of Surgery	Name of Hospital	Name of Surgeon and City

SERIOUS INJURIES / ACCIDENTS (no hospitalization required)

Year	Nature of Injuries	Name of Physician and City	Describe Any Long-lasting or Residual Effects

Have you traveled extensively or resided outside of the United States and Canada? If so, please explain.

Military Service	Dates (month, day, year)	Branch of Service	Any duty outside of the United States?

Any serious illnesses or injuries sustained while in military service should be listed on the previous page.

List any medications to which you are allergic or which you do not tolerate well.

List any non-medication allergies or sensitivities.

List any and all medications that you are currently taking or that you take on a regular basis.

Medication	Dosage	Reason for Medication	Prescribing Physician

Name of Personal Physician(s)	Address (number and street, city, state, and ZIP code)	Telephone Number

Are you presently under a physician's care or the care of any other health care provider for any reason? If so, please explain.

Do you have any impairment, disabilities, functional limitations, or restrictions on activities as a result of physical, medical or an emotional condition that may interfere with your ability to perform the essential functions of the job for which you are applying? The essential functions of the job are listed on page 4. If so, please explain.

COMPREHENSIVE MEDICAL HISTORY (continued)

Part of State Form 4928 (R5 / 12-07)

This section is to be completed by the candidate.

DO NOT ANSWER ANY QUESTION WITH "N/A".**A. (3) REVIEW OF SYSTEMS**Have you had in the past or do you currently have any of the following conditions? **(check each item)**

GENERAL	Yes	No	CARDIOVASCULAR (continued)	Yes	No
Feel too hot or too cold			Irregular heartbeat (palpitation, heart flutter)		
Tremors or shaking of hands			Ankles swell		
Chills or night sweats			Sleep propped up in bed		
Presently following a specific diet			Pain in either leg on walking		
In the past year, had unexplained weight loss/gain					
Frequent or recurrent infections			GENITOURINARY		
Any unexplained or significant bleeding			Get up at night to urinate		
Use any type of braces, supports, or other orthopedic devices that may affect your ability to perform the essential functions of the job for which you are applying?			Trouble starting or stopping your stream when you urinate		
Unexplained or unusual discharge			Frequency, burning, or pain when you urinate		
			Blood or pus in urine		
SKIN			Swelling or lumps in your testicles		
Change in skin character or texture			Sore on penis		
Unusual growth on skin			Now pregnant		
Change in color or size of mole			Lump in breasts		
Swelling or lump in neck, armpits, groin, or breasts					
			GASTROINTESTINAL		
HEENT			Difficulty swallowing		
Wear glasses or contacts			Frequent nausea or vomiting		
Difficulty with vision not corrected by glasses/contacts			Stomach pain		
Blurred vision			Excessive gas, belching, or bloating		
Double vision			Intolerance of fatty foods		
Pain or inflammation in eyes			Recent change in bowel habits		
Color blindness			Diarrhea lasting more than one week		
Decrease in hearing ability			Blood in bowel movements		
Frequent earaches or discharge from the ears			Black or tarry bowel movements		
Buzzing or ringing in the ears			Constipation		
Sudden attacks of dizziness or fainting					
Frequent or severe nosebleeds			MUSCULOSKELETAL		
Nasal discharge			Pain in muscles		
Nasal obstruction			Pain in joints		
Persistent change or loss in sense of smell or taste			Swelling of any joints		
Gums bleed easily			Frequent backaches		
Persistent sore or rough places on lips or tongue					
Frequent or severe sore throats			HEMATOLOGICAL		
Hoarseness that lasted more than one week			Bruise easily		
			Bleed excessively after a cut or dental procedure		
RESPIRATORY					
Frequent colds			NEUROLOGICAL		
Wheezing or whistling in the chest			Persistent numbness, tingling, weakness, or paralysis in any body part		
Chronic cough			Frequent headaches severe enough to limit activities		
Cough up blood			Sensation of dizziness		
Short of breath walking at normal pace or level surface			Sensation of lightheadedness or faintness		
			Periods of unconsciousness		
CARDIOVASCULAR			Seizures/convulsions ("fits," "spells," or "falling out")		
Chest pain			Persistent drowsiness through the day		
Pressure or heaviness in chest			Become suddenly sleepy or "sleep attacks" during the day		
Chest pain radiating to neck, jaw, or down either arm			Have episode of sudden muscle weakness during the day		

COMPREHENSIVE MEDICAL HISTORY (continued)

Part of State Form 4928 (R5 / 12-07)

This section is to be completed by the candidate.

DO NOT ANSWER ANY QUESTION WITH "N/A".

A. (3) REVIEW OF SYSTEMS (continued)

Please explain any affirmative responses to the questions in Section A. (3). *NOTE: If you wear contact lenses, please identify below the type of contact you wear (soft, hard) and how long you have worn contacts.*

Do you have the history of any other significant physical conditions, medical problems, or emotional disorders than those listed above? If so, please fully explain.

A. (4) PERSONAL AND SOCIAL HISTORY

1. Have you ever smoked? <i>If no, go to question 3.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Complete the appropriate columns if you've ever smoked.	Amount smoked at present	Amount smoked when you stopped	Total years smoking
Do you smoke now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cigarettes (number/day)			
	Pipe (pipefuls/day)			
	Cigars (number/day)			
3. How much of the following do you usually drink each day? Cups of coffee _____ Cups of tea _____ Soft drinks _____				
4. Have you ever drunk alcoholic beverages? <i>If no, go to question 9.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Complete the appropriate columns if you've ever drunk alcoholic beverages.	Amount drunk at present	Amount drunk when you stopped	If stopped, when?
Do you drink now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Liquor (ounces/week)			
	Beer (bottles/week)			
	Wine (glasses/week)			
6. Are you always able to stop drinking when you want to? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Has drinking ever created problems for you with your job, family, social life or other obligations? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Have you ever gone to anyone for help about your drinking? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Do you or have you taken any illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.			
10. Do you or have you ever used smokeless tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe.			
11. Describe your previous occupations.				
12. Have you ever had any occupational illness, injury, or significant occupational exposure? If so, please explain.				

I certify that I have reviewed the information and answered the questions set forth in Sections A (1), A (2), A (3), and A (4) of this application, and that I have answered truthfully and to the best of my ability.

Signature of candidate

Printed name of candidate

Date (month, day, year)

PHYSICAL EXAMINATION

Part of State Form 4928 (R5 / 12-07)

This section is to be completed by the examining physician. **DO NOT ANSWER ANY QUESTION WITH "N/A".**

B. (1) GENERAL (Check the appropriate column for each entry)				
		Normal	Abnormal	Number and describe abnormalities in detail.
General appearance				
Skin				
Head and neck				
Eyes:	Conjunctiva			
	Pupils			
	Fundi			
Ear, nose, throat:	External ear			
	Tympanic membrane			
	Septum			
	Teeth, gums			
	Throat, tonsils, tongue			
	Trachea			
Lymph nodes				
Thyroid:	Size			
Nodules				
Breasts				
Chest:	Contour			
	Expansion			
Lungs:	Rales			
	Ronchi			
	Wheeze			
	Dullness			
Heart:	Rate			
	Rhythm			
	Inspection/ palpitation			
	Sounds			
	Murmur			
Vessels:	Pulse			
	Bruits			
	Varicosities			
Abdomen:	Scars			
	Tenderness			
	Masses			
	Hernia			
Genitalia				
Pelvic				
Prostate (if indicated)				
Rectum (if indicated)				
Spine:	Mobility			
	Alignment			
Extremities:	Joints			
	Deformity			
	Edema			
Neurological:	Gait			
	Coordination			
	Reflexes			
	Sensory			
	Cranial nerves			
Other				

PHYSICAL EXAMINATION *(continued)*

Part of State Form 4928 (R5 / 12-07)

This section is to be completed by the examining physician. **DO NOT ANSWER ANY QUESTION WITH "N/A".**

B. (2) TESTS <i>(Each of the following tests must be administered to the candidate. Test results should be recorded below or attached.)</i>						
Vital signs Blood pressure _____ Pulse _____ Respiration _____ Height (inches) _____ Weight (pounds) _____						
Visual testing (using a Snellen chart or other comparable chart) Visual acuity Distant uncorrected $\frac{1}{\text{right}}$ $\frac{1}{\text{left}}$ $\frac{1}{\text{both}}$ $\frac{1}{\text{right}}$ $\frac{1}{\text{left}}$ $\frac{1}{\text{both}}$ corrected $\frac{1}{\text{right}}$ $\frac{1}{\text{left}}$ $\frac{1}{\text{both}}$ $\frac{1}{\text{right}}$ $\frac{1}{\text{left}}$ $\frac{1}{\text{both}}$						Color vision (ability to identify red, green, and yellow colors) <input type="checkbox"/> Yes <input type="checkbox"/> No Peripheral vision (at least 140° in the horizontal meridian of each eye without correction) <input type="checkbox"/> Yes <input type="checkbox"/> No
Audio testing - should be performed in an ANSI approved "soundproof" booth (ANSI S3.1-1991) with equipment calibrated to ANSI standards (ANSI S3.6-1989). If a booth is unavailable, the test room sound pressure levels should not exceed those specified in the Federal OSHA noise regulations (29 CFR 1910.95); (July 1, 1992 Edition).						
Pulmonary function testing - A minimum of three (3) acceptable Forced Vital Capacity (FVC) maneuvers must be performed and recorded. The best two (2) FVC maneuvers must reveal results that are within 5% of each other. The best Forced Expiratory Volume in One Second (FEV1) are recorded and the FEV1/FVC ratio is then calculated. Additional spirometric functions may be performed if desired or indicated.						
Chest x-ray - Posterior-anterior / lateral views - with interpretation by a radiologist required. Other diagnostic imaging, if indicated.						
12-lead ECG (resting) test - with interpretation by a cardiologist or other qualified physician. Other diagnostic testing, if indicated.						
Laboratory testing (minimum) <ul style="list-style-type: none">• Complete blood count• Blood chemistries - fasting glucose, BUN, creatinine• Liver function - SGPT (ALT), SGOT (AST), GGT, LDH, alkaline phosphatase, total protein, albumin, bilirubin (total)• Urinalysis - SG, blood, protein, glucose, ketones, bilirubin and nitrates required, microscopic evaluation required if any significant abnormalities above have resulted• HIV testing - if screening test positive, confirm testing with Western Blot analysis HIV antigen• Syphilis serology• Urine drug screen - must test for at least marijuana, cocaine, opiates, amphetamines, PCP, benzodiazepines, and barbiturates. Testing must be performed in accord with the acceptable standards within the field of forensic toxicology and should adhere to all proper chain of custody procedures.• TBc skin test - applied and interpreted - not to be done if there is a past history of positive PPD or pulmonary TBc						

I, _____, a licensed physician, certify that I have performed the above tests on <div style="text-align: center;"><i>Name of physician</i></div>	
_____, candidate for appointment to the _____ <div style="text-align: center;"><i>Name of candidate</i> <i>Police or fire</i></div>	
department of _____ <div style="text-align: center;"><i>Name of city / town</i></div>	
I further certify that I had administered or have had administered the above-listed test and examinations to appropriately complete this questionnaire, and that I further certify that I have attached hereto copies of the results of all of the tests identified herein.	
Signature of licensed physician <i>(must be an original signature - no rubber stamps)</i>	Date <i>(month, day, year)</i>

Note to physician completing the medical examination:

Please do not leave any questions in your examination blank. Answer all of the questions and include all of the original testing results with this examination form. Thank you.

PHYSICIAN IDENTIFYING INFORMATION <i>(please print)</i>	
Name of physician	
Address <i>(number and street, city, state, and ZIP code)</i>	
Telephone number ()	Number issued by Medical Licensing Board

STATEWIDE BASELINE STANDARDS

Part of State Form 4928 (R5 / 12-07)

This section is to be completed by the examining physician. **DO NOT ANSWER ANY QUESTION WITH "N/A".**

Based on the foregoing tests and examinations, I have determined that _____ either does or does not have the following conditions as indicated: Name of candidate		
(Check each item)	YES	NO
1. Vision testing as follows:		
a. Far vision acuity		
(1) Corrected binocular vision worse than 20/30;		
(2) Corrected vision of the worse eye worse than 20/50; or		
(3) Uncorrected binocular vision worse than 20/100, with the exception that long-term successful users of soft contact lenses do not have to meet this uncorrected standard.		
b. Color vision - an inability to identify red, green, and yellow colors.		
c. Peripheral vision - uncorrected field-of-vision less than one hundred forty degrees (140°) in the horizontal meridian in each eye.		
2. Hearing deficits - A hearing deficit in the pure tonal thresholds (five hundred (500) Hertz, one thousand (1,000) Hertz, two thousand (2,000) Hertz, and three thousand (3,000) Hertz) in the unaided worst ear:		
a. of more than twenty-five (25) decibels in three (3) of the four (4) frequencies;		
b. of more than thirty (30) decibels in any one of the first three (3) frequencies; or		
c. an average loss within the four (4) frequencies of more than thirty (30) decibels.		
3. Communicable diseases: Any communicable disease or condition that poses a significant risk of substantial harm to the health and safety of the candidate, co-workers, or members of the public with whom the candidate will come in contact during the course of employment.		
4. Suddenly incapacitating diseases or condition: Any disease or condition (physical or mental) that could incapacitate the candidate without sufficient warning to allow the candidate to take preventive measures, thereby imposing a significant risk of substantial harm to the health or safety of the candidate, co-workers, or members of the public with whom the candidate will come in contact during the course of employment (unless such disease or condition can be controlled by medication and the candidate affirms he or she takes the appropriate medication).		
5. Alcoholism or illegal use of drugs as follows:		
a. Any history of alcoholism, unless the candidate has successfully rehabilitated for a period of at least one (1) year, successfully passes an examination for alcohol usage, and the candidate affirms he or she is no longer engaging in the use of alcohol and has successfully rehabilitated for a period of at least one (1) year preceding his or her application for employment.		
b. Any history of illegal drug use or evidence of drug abuse, unless the candidate has successfully rehabilitated for a period of at least one (1) year, successfully passes an examination for the use of drugs or drug abuse, and the candidate affirms he or she is no longer engaging in drug abuse and has successfully rehabilitated for a period of at least one (1) year preceding his or her application for employment.		

The determination of whether a candidate's condition poses a significant risk of substantial harm will be based on an objective individualized assessment of this applicant's present ability to safely perform the essential functions of the job considering reasonable accommodations to the extent required under the Americans with Disabilities Act. Factors to be considered include the following:

1. The duration of the risk,
2. The nature and severity of the potential harm,
3. The likelihood that the potential harm will occur,
4. The imminence of the potential harm.

Relevant evidence may include input from the applicant, the experience of the applicant in previous similar positions, opinions of medical doctors, rehabilitation counselors, or physical therapists who have expertise in the disability involved, or direct knowledge of the applicant.

Signature of licensed physician (must be an original signature - no rubber stamps)

Date (month, day, year)

PHYSICIAN'S EXPLANATION OF STATEWIDE BASELINE STANDARDS AND CANDIDATE'S AFFIRMATIONS

Part of State Form 4928 (R5 / 12-07)

Complete this section only if answered "yes" on the previous page. **DO NOT ANSWER ANY QUESTION WITH "N/A".**

Communicable diseases

Physician's explanation: *(Identify the communicable disease or condition and describe its risk to the health and safety of the candidate, co-workers, or members of the public with whom the candidate will come in contact during the course of employment.)*

Suddenly incapacitating diseases or conditions

Physician's explanation: *(Identify the suddenly incapacitating disease or condition describe the risk to the health or safety of the candidate, co-workers, or members of the public with whom the candidate will come in contact during the course of employment; indicate if disease or condition can be successfully controlled by medication and identify the medication.)*

Candidate's Affirmation

I, _____, affirm that I take the appropriate medication, as identified above, to control the above described suddenly incapacitating disease or condition.

Signature of candidate

Date (month, day, year)

Alcoholism

Physician's explanation: *(Determine and describe whether the candidate has successfully rehabilitated for a period of at least one (1) year and successfully passes an examination for alcohol usage [attach examination results].)*

Candidate's Affirmation

I, _____, affirm that I am no longer engaging in the use of alcohol and have been successfully rehabilitated for a period of at least one (1) year preceding the date of my application for employment.

Signature of candidate

Date (month, day, year)

Illegal use of drugs

Physician's explanation: *(Determine and describe whether the candidate has successfully rehabilitated for a period of at least one (1) year and successfully passes an examination for the use of drugs or drug abuse [attach examination results].)*

Candidate's Affirmation

I, _____, affirm that I am no longer engaging in drug abuse and have been successfully rehabilitated for a period of at least one (1) year preceding the date of my application for employment.

Signature of candidate

Date (month, day, year)

EXCLUDABLE CONDITIONS

Part of State Form 4928 (R5 / 12-07)

This section is to be completed by the examining physician. **DO NOT ANSWER ANY QUESTION WITH "N/A".**

I have determined that, based upon the above test and examinations, _____ either					
<i>Name of candidate</i>					
does or does not have the conditions as indicated (please explain all affirmative responses to each item on Addendum A).					
(Check each item)	Yes	No	(Check each item)	Yes	No
CARDIOVASCULAR SYSTEM			RENAL SYSTEM (continued)		
1. A history of myocardial infarction			23. A person who has had a nephrectomy but with a functional remaining kidney will not be considered to have an excludable condition, provided that there is no evidence of reduced renal function in the remaining kidney		
2. Angina pectoris or other evidence of coronary artery disease			24. Any chronic nephritis or nephrosis, hydronephrosis, pyelonephrosis, pyelitis, pyelonephritis, or polycystic disease of the kidneys		
3. Arteriosclerotic heart disease			25. Urinary tract disease, whether or not the urinary tract has any significant abnormalities at the time, or whether any organic disease is present, or other related disorders adversely affecting the kidneys, excluding urinary tract infections		
4. Hypertrophy or dilation of the heart as evidenced by x-ray examination			26. Any proteinuria which is a result of renal disease		
5. Pericarditis, endocarditis, or myocarditis unless the condition is now stable and unlikely to recur			27. Any malfunction of the urinary tract organs, congenital or acquired		
6. Functional arrhythmias			28. Polycystic kidney		
7. High blood pressure evidenced by any of the following:			NEUROLOGICAL SYSTEM		
a. Any blood pressure reading above one hundred fifty (150) millimeters mercury (for systolic)			29. Any history of subarachnoid hemorrhage, cerebral aneurysm, or any cerebral vascular disease, including any previous stroke within the preceding ten (10) years		
b. Any blood pressure reading above ninety (90) millimeters mercury (for diastolic)			30. Hydrocephalus		
c. Use of anti-hypertensive medication			31. Abnormalities from recent head injury such as severe cerebral concussion or contusion		
However, if systolic and diastolic readings without medication are produced at levels lower than one hundred fifty (150) millimeters mercury (for systolic) and ninety (90) millimeters mercury (for diastolic) on three (3) consecutive days, high blood pressure shall not be an excludable condition.			32. Neurofibromatosis		
8. Aneurysms and arteriovenous malformations			33. Neuropathy, neuralgia including sciatica		
9. Peripheral arteriosclerosis or arteriosclerosis, including any of the following peripheral vascular diseases:			34. Any seizure disorders within the preceding ten (10) years		
a. Intermittent claudication			35. Parkinsonism		
b. Buerger's disease			36. Huntington's Disease (chorea)		
c. A phenomenon of repeated thrombophlebitis			37. Multiple Sclerosis		
10. Heart bypass surgery within the preceding ten (10) years			38. Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)		
11. Primary pulmonary hypertension			GASTROINTESTINAL SYSTEM		
12. Pacemaker implant			39. Pancreatitis		
PULMONARY SYSTEM			40. A history of chronic bowel disorders such as Crohn's disease and ulcerative colitis. A candidate with a history of a bowel obstruction with the preceding ten (10) years shall be considered to have an excludable condition unless the candidate is able to obtain a letter from the treating physician to the examining physician explaining the nature of the obstruction and what was done to cure it.		
13. Bronchiectasis			41. Any hepatitis, chronic or acute, with impairment of liver function		
14. Bronchial asthma			42. Cirrhosis and/or varices		
15. Emphysema or chronic obstructive pulmonary disease			43. Inguinal or remoral hernia, hiatal hernia if symptomatic, or ventral hernia if symptomatic.		
16. Pulmonary fibrosis			44. Intra-abdominal tumors or masses		
17. Pleurisy with effusion or emphysema			45. Any previous gastric resection unless there is sound x-ray evidence provided that there is little chance of recurrence of the condition which caused the first surgery		
18. Any spontaneous pneumothorax unless the condition is not likely to persist or recur			46. Active gastric or duodenal ulcers unless the candidate is able to provide x-ray evidence that the ulcer is currently healed. A history of gastric or duodenal ulcers shall be treated the same as any such active ulcer unless the candidate is able to provide x-ray evidence that the ulcer is currently healed.		
19. Any evidence of history of tuberculosis, sarcoidosis, or congenital cystic disease of the lung, active histoplasmosis, or any other lung pathology, unless the condition is now stable and is unlikely to recur					
20. Tumors or cysts of the lung, pleura, or mediastinal					
RENAL SYSTEM					
21. Evidence of existing renal calculus or ureterovesical calculus, if symptomatic					
22. A history of kidney stones. If there is a history of kidney stones, urological consultation must be sought in order to provide an estimate of the likelihood of the recurrence of long-term incapacitating symptoms. A candidate exhibiting a high likelihood of recurrence must be considered to have an excludable condition.					

EXCLUDABLE CONDITIONS (conditions)

Part of State Form 4928 (R5 / 12-07)

This section is to be completed by the examining physician. DO NOT ANSWER ANY QUESTION WITH "N/A".

(Check each item)	Yes	No	(Check each item)	Yes	No
GASTROINTESTINAL SYSTEM (continued)			METABOLIC / ENDOCRINE SYSTEM		
47. Any evidence of rectal or prostatic malignancy			66. Diabetes requiring insulin or oral hypoglycemics. An individual with diabetes whose condition is effectively controlled by diet alone would not be considered to have an excludable condition. A candidate with a history of glucosuria or abuminuria must be considered to have an excludable condition unless a report from the physician that treated the candidate can be obtained which assures the absence of diabetes mellitus.		
48. Anorexia nervosa / bulimia with three (3) years			67. Addison's disease, splenomegaly, adenopathy, secondary to systemic disease or metastasis		
EENT SYSTEM			68. Diseases of the adrenal gland, pituitary gland, parathyroid gland, or thyroid gland of clinical significance		
49. Any acute or chronic pathological condition in either eye or the adnexa of the eye			69. Nutritional deficiency disease or metabolic disorder		
50. Nystagmus of the eye, uncorrected strabismus, glaucoma, and aphasia whether it is unilateral or bilateral, and active chorioretinitis should be considered for further examination by a qualified eye specialist to determine the likelihood and degree of further impairment			MISCELLANEOUS		
51. Cataract, retinitis pigmentosa, and any papilledema or tumor			70. Any current fistula, either congenital or acquired, including tracheostomy		
52. Any retinal exudate, hemorrhage, or edema or detachment of the retina			71. Peripheral edema - determine the cause and identify the disqualifying disorder (<i>attach report</i>)		
53. Inflammatory disease of the retina, the globe, or the other structures within the globe			72. Recurrent syncope		
54. Heterophoria, hyperphoria, esophoria, or exophoria			73. Alcohol or drug abuse within five (5) years		
HEMATOLOGY / ONCOLOGY			74. Auto immune disorders including, but not limited to, the following: Rheumatoid Arthritis and Myasthenia Gravis, dermatomyositis, or scleroderma		
55. Any disease of the blood-forming organs or of the blood			75. Lupus Erythematosus		
56. Anemia with the hemoglobin lower than twelve (12) grams per hundred cubic centimeters			76. Obesity of such a degree so as to interfere with normal activities, including respiration		
57. Polycythemia, leukemia, or any other progressive diseases of the blood system			77. Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) positive, as determined by a blood test		
58. Hemophilia			78. Sexually transmitted diseases should be considered for further examination by a qualified medical specialist to determine the likelihood and degree of future impairment		
59. Malignant melanoma or, if it has been removed, any evidence of metastatic disease			79. Narcolepsy		
60. Hodgkin's disease, lymphadenopathy, lymphomas, or lymphosarcomas			80. Organ transplant		
61. Any malignant tumor of any type, unless completely eradicated for at least ten (10) years					
MUSCULOSKELETAL SYSTEM					
62. Any active disease of bones and joints including active arthritis, osteomyelitis, or marked deformity of the spinal column; including but not limited to the following: history of laminectomy, amputation, or deformity of a joint or limb, joint reconstruction, legamenous instability, or joint replacement					
63. Herniation of an intervertebral disk					
64. Ankylosing Rheumatoid Spondylitis					
65. Muscular Dystrophy					

Signature of licensed physician (<i>must be an original signature - no rubber stamps</i>)	Date (<i>month, day, year</i>)
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PHYSICIAN IDENTIFYING INFORMATION (please print)	
Name of physician	
Address (<i>number and street, city, state, and ZIP code</i>)	
Telephone number ()	Number issued by Medical Licensing Board

EXCLUDABLE CONDITIONS - ADDENDUM A

Part of State Form 4928 (R5 / 12-07)

This section is to be completed by the examining physician. DO NOT ANSWER ANY QUESTION WITH "N/A".

Please record explanations below for all affirmative responses to items listed as an excludable condition. Please print or type. Attach additional sheets, if necessary.

[illegible]

Part of State Form 4928 (R5 / 12-07)

If any items are answered affirmatively, has the appropriate specialist's report been obtained and included in the candidate's application package?
(Please complete the following for each of the items answered affirmatively.)

[illegible]

CERTIFICATION - BASELINE STATEWIDE MENTAL EXAMINATION

Part of State Form 4928 (R5 / 12-07)

Indiana law mandates administering a mental examination to all candidates to determine if the candidate is mentally suitable to be a member of the department. The mental examination prescribed is the Minnesota Multiphasic Personality Inventory (MMPI). *(This section is required to be completed before PERF can process the candidate's application; copies of the results of the mental examination are not required to be sent to PERF.)*

I, _____, a licensed (physician / PhD psychologist),
Name of physician / psychologist
have interpreted the results of the statewide mental examination (the MMPI) and have determined that the named applicant,
_____, has passed the standards established by the local board.
Name of candidate

Signature of physician / psychologist *(must be an original signature - no rubber stamps)*

Date *(month, day, year)*

PHYSICIAN / PSYCHOLOGIST IDENTIFYING INFORMATION *(please print)*

Name of physician / psychologist

Address *(number and street, city, state, and ZIP code)*

Telephone number
()

Number issued by Medical Licensing Board

CERTIFICATION BY LOCAL BOARD

Part of State Form 4928 (R5 / 12-07)

The _____ Board ("Board") has determined that
Name of local board

Name of candidate

(1) passes the local physical and mental standards, if any, established by the appointing authority for the department; (2) has been determined to be mentally suitable to be a member of the department after being tested using the baseline statewide mental examination (MMPI); (3) has successfully met all minimum criteria for the baseline physical examination; and (4) has been determined to meet the physical requirements to be a member of the department by virtue of having passed said physical and mental standards.

The Board certifies that the statewide mental examination prescribed by the PERF board was appropriately administered and that the results of the examination were interpreted by a licensed physician or a licensed PhD psychologist. The Board has attached hereto copies and certification of the results of the physical agility examination required by law, and certification of the results of the baseline statewide mental examination. The Board further certifies that the candidate has satisfied any aptitude, physical agility, or physical and mental standards established by the appointing authority.

Signature of board member *(must be an original signature - no rubber stamps)*

Telephone number
()

Date *(month, day, year)*

Signature of pension secretary *(must be an original signature - no rubber stamps)*

Telephone number
()

Date *(month, day, year)*

CERTIFICATION BY APPOINTING AUTHORITY

Part of State Form 4928 (R5 / 12-07)

The appointing authority for the _____ certifies that it has adopted standards
Name of city / town department
for physical agility tests and has administered the tests to _____, who successfully
Name of candidate
passed the standards. These results have been certified to the local board.

The appointing authority further certifies that it caused to be administered the baseline statewide physical examinations required by law, that the examination was administered by a licensed physician, and that the candidate successfully met all standards and passed said examination. The appointing authority further certifies that no medical examination was performed upon the candidate prior to a conditional offer of employment. The appointing authority further certifies that, at the time of the conditional offer of employment, the candidate completed the attached "State of Understanding."

The appointing authority certifies that, with respect to the statewide baseline standards, reasonable accommodations have been made to enable the candidate to successfully perform the essential functions of the job and/or eliminate or effectively reduce the direct threat that would be caused by the presence of the following disease(s) or condition(s):

In addition to the statewide required standards, the appointing authority has established the following additional standards as a condition of employment:

The appointing authority further certifies that _____ has passed the locally
Name of candidate
prescribed standards and the test results for these standards have been certified by the local board.

Signature of appointing authority (must be an original signature - no rubber stamps)

Telephone number

Date (month, day, year)

()